Authorization to Review Personal Information on File Protected by the Privacy Act

Name:	SS No.:
Address:	·
City:	, Georgia, Zip Code:
Phone: (Home)	(Work)
the problem you are expe	ve a brief statement regarding the nature of riencing and the assistance needed from this de or additional paper, if necessary.
Statement:	
l authorize Congressman Natl	han Deal or his staff to contact the
	or any other applicable
government agency whether it b	e state, federal, or local, on my behalf and to
inspect, copy, examine, or inqui	ire in to my records on file with such agency
or entity whether protected by t	he Privacy Act.
Signature:	Date: